R /515 cont./
175 These small repeated epidemics have been part, one might
164 say, of the ordinary pathology of the Oayana since their first con-
R tacts with the imported populations.
164 --Cases of dysentery are also observed, probably bacillary,
165 sometimes in the form of minor epidemics. This is a secondary
R cause of mortality;
164 --Children show, just as among the Boni, a massive intestinal infestation by hookworms and Anguillula.

The Oayana very rarely have skin diseases; "their tegument is intact. One does not see any mycosis or ulcers among them, nor any dermotropic diseases. Leprosy and pian are unknown among them; even the small wounds which the Indians get in the woods, and which suppurate so frequently among the Blacks, heal quickly, even more quickly than among Europeans, who, however, disinfect their wounds" (4).

4. Dr. Andre Sausse, op. cit., p. 113.

R
[648] There are no venereal diseases among the Indians because they do not have sexual relations with the other groups.

R The rest of the pathology of the Indians shows nothing re-
114 markable. Their disappearance has often been attributed to
733 alcoholism. That is an assertion which does not stand up to ex-
R amination. Before 1950, the Indians, never having any money,
273 were not in a position to buy rum. With regard to their cachiri (5),

5. Fermented drink prepared from a manioc base; very small percentage of alcohol.

of which they absorb great quantities on the occasion of celebrations, it produces indigestion rather than intoxication; for that matter they do not drink any more of it than in former times when their tribes were numerous and strong.

B
R
743 /516/ Effects of Medical Assistance. Until 1949 the Boni and the
648 Oayana remained very isolated and practically deprived of all medical help. The beliefs of both, attributing illnesses to

The beliefs of both, attributing illnesses to
B R /516 cont./
743 supernatural causes, did not predispose them to turn to European
648 doctors. Moreover, the Saint-Laurent hospital was so far away
[753] (six days paddling downstream) that a seriously ill person had plenty of time to die en route. The Boni went there only as a last resource and in general at the point of death. As for the Oayana,
B R not a single one presented himself there before 1950.

744 In 1936-1939 several circuits had been made from the post
648 of La Forestière located at the mouth of the river, but no consistent
[743] medical action had been feasible. Not until 1949 was it possible
B R to create a medical center in the country itself, at Maripasoula.
[164] The populations were visited regularly, and the seriously ill could be hospitalized on the spot. At the same time systematic spraying with DDT inside all the huts, destroying the anthropophile anopheles, changed the environmental conditions considerably; if malaria has not disappeared, it has ceased, both among the
B R Indians and among the Boni children, to be the principal cause of morbidity.

743 The action of the medical center has been exercised more on
744 the Boni, who live a few hours by canoe from Maripasoula, than on
648 the Oayana. Among the latter, the principal villages are two days
[484] journey by motorboat upstream amidst difficult waterfalls; the
[753] Indians are often on the move, fishing on the upper courses of the rivers or visiting their relatives on Brazilian rivers; it has happened several times that the circuits of the doctors and medical attendants (one per trimester on the average) do not find anybody in the villages; incidentally, the Oayana tend to attribute
R all internal ailments to magical causes, consulting willingly only
[844] for wounds. They willingly accept the remedies given on the spot, but rarely take the initiative of moving a sick person to Maripasoula; the women continue to have their babies delivered
R in the villages, without any hygiene.

757 Only during the last three or four years has a change in
165 attitude been noticeable among them vis-à-vis medicine; as we
B R shall show below, no notable modification in their mortality has yet been observed as a result of this fact.

121 The principal interest of this study being to compare the
165 demographic data of two populations before they had been modified

/209 cont./

[789] [784] If someone has a Kumẽnti, certain objects used in the cult: pestle, mortar, machete, must not be raised near him. His gita "would rise" immediately. Likewise while he is eating, neither tiger nor gun must be mentioned. To prevent their gita from rising, those concerned may take the precaution of putting a small piece of wood behind the ear while they eat.

[789] [778] [771] [781] [484] [743] [755] These past years the cult of the Kumẽnti was clearly declining among the Boni, as was the whole of their religious life; every one, indeed, no longer thought about anything but earning money and was always traveling in order to do this, which made difficult the indispensable meetings and dances. On the other hand, cared for effectively when they are ill in the Maripasoula hospital, the Boni feel the cult of the Kumẽnti less necessary, of which the principal social function is to cure. So, while in 1948 we used to be present very often at manifestations of the gita of Kumẽnti, in 1952 they were becoming much rarer and more secret /modest/. They were tending to fall to the level of the latent manifestations of which we shall speak further on. In 1956 we did not observe in the course of the forest [346] work any spontaneous attack of this gita. The chapels dedicated to the Kumẽnti are scarcely maintained and are falling into ruins; such is the fate of the gods judged benevolent toward men.

[751] Nevertheless people continue to lay great store by the ɔbia of Kumẽnti, especially the man nɛ̃ŋge ɔbia which protects against the machete and the gun, and the Kumẽnti bui, ring of Kumẽnti, instrument of divination.

[796] [823] [787] The Bũnsuŋki. The Bũnsuŋki are gods which live in the waters, by preference at the head of falls, beside rocks bearing copses of detached trees; they can also reside ordinarily in these trees themselves. They appear sometimes in dreams to men as well as to women in the aspect of Indians, more commonly Indian women with long hair. This is why they are sometimes called wata Inɲi, Indians of the water.

6:Hurault--473 K-5 (1948-1958) 1961 SR8 Bush Negroes SR8
Boni

648 which in Black Africa has so powerfully contributed toward the destruction of traditional structures.

[829] Truth to tell, the problem was simpler, for the conceptions of the Refugee Blacks, involving no form of oppression of individuals and assuming the right of the woman to self-determination, reduce to the vanishing point the sources of disputes between individuals and groups.

[162] In 1946 the administrative post of Maripasoula was created, near the confluence of the Lawa and the Inini. Since that time, the gendarmerie has administered to the satisfaction of all and without any incident a heterogeneous population of 2,000 persons, gold miners, Refugee Blacks, and Indians, scattered over
• [943] a vast territory. The medical post created at Maripasoula in 1949 is very much frequented by the Boni and performs an extremely useful function on the psychological as well as on the social level.

The relations of the various groups give rise to very small frictions, one with another, but the Refugee Blacks never give occasion for intervention in the internal affairs of their groups.
505] Respectful of the administration, they carry out punctually their commitments to their employers, insuring all the transport on the river according to a modus vivendi established for a long time (1).

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On this subject it is to be noted that disagreeable incidents occur each time the Boni deal with inexperienced travelers who do not know the customs of the river or do not wish to apply them. In a general way the Refugee Blacks, of their own accord respectful of anyone who comes to do a useful job, loathe tourists; they cannot stand being photographed or observed like queer animals.